

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000006020 (1)**

1. Corporation Name

WAVELENGTH SYSTEMS DESIGN, INC.



Principal Place of Business

Mailing Address

721 E. EL SEGUNDO BLVD.
 EL SEGUNDO CA 90245

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 EL SEGUNDO CA 90245

3. Date Incorporated or Qualified 11/22/1994	3a. Date of Last Report 03/17/1995
4. FEI Number 95-4082246	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

DE FRISCO, JAMES
1950 NE 147TH TERRACE
NORTH MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of the principal officer or director of the corporation or the registered agent, if applicable. (DATE: Registered Agent signature required when substituting)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PEERY, KATHLEEN	
STREET ADDRESS	740 LONGFELLOW	
CITY-ST-ZIP	HERMOSA BEACH CA 90254	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	KRONFELD, BERT	
STREET ADDRESS	740 LONGFELLOW	
CITY-ST-ZIP	HERMOSA BEACH CA 90254	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, ROBERT	
STREET ADDRESS	5207 CLEANSITE	
CITY-ST-ZIP	TORRANCE CA 90505	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	KRONFELD, BERT	
13 STREET ADDRESS	740 LONGFELLOW	
14 CITY-ST-ZIP	HERMOSA BEACH, CA 90254	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	KRONFELD, BERT	
33 STREET ADDRESS	740 LONGFELLOW	
34 CITY-ST-ZIP	HERMOSA BEACH, CA 90254	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **BERT KRONFELD** 7-2396X (310) 322-9075
 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERT KRONFELD, PRESIDENT & DIRECTOR

CR2E034 (3/96)